

Clear Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/17/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left knee arthroscopy with meniscectomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that under the guidelines the proposed left knee arthroscopy with meniscectomy is medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who was injured on xx/xx/xx while stepping off of a platform. The patient indicated he twisted his left knee during the accident. The patient endorsed pain over medial aspect of the left knee with associated locking. Per the prior utilization reviews the patient had previous injections at unspecified point in time. MRI of the left knee on 07/04/14 noted small amount of joint fusion in the left knee. There was altered signal from the posterior horn to mid-body of the medial meniscus subtly contacting the inferior meniscal surface. This was felt to be consistent with meniscal tear. The clinical assessment on 12/10/14 noted some pain with range of motion of the left knee. There were positive McMurray signs and medial joint line tenderness. The patient described symptomatic locking of the left knee. The requested left knee arthroscopy was denied by utilization review on 01/08/15 as there was no clinical documentation regarding physical therapy or oral medications.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient presented with symptoms consistent with medial meniscal tear of the left knee. This was confirmed by physical examination and imaging studies which noted a meniscal tear in the posterior horn of the medial body of the medial meniscus in the left knee and positive McMurray signs and joint line tenderness on physical examination. Per current evidence based guidelines physiological physiologically younger than more active patients with traumatic injury and mechanical symptoms such as locking should undergo arthroscopy without physical therapy. In this case the patient is a younger male and described symptomatic locking of the left knee. Given the objective findings consistent with symptomatic medial meniscal tear guidelines would support surgical intervention over continuing non-operative treatment. Therefore it is the opinion of this reviewer that under the guidelines the proposed left knee arthroscopy with meniscectomy is medically necessary and the prior denials are overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)